FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791 1003

820

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 676

(c) City St. Louis (d) Street No. 4305 Delmar St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francesca Kimball Douglas 242

(a) Residence, No. 4305 Delmar St. 19

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Bond Douglas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31st 1869

7. AGE: Years 68 | Months 10 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Benjamin Kimball

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Franscesca Lopez

16. BIRTHPLACE (CITY OR TOWN) Chihuahua (STATE OR COUNTRY) Mexico

17. INFORMANT James M. Douglas (ADDRESS) 4305 Delmar Blvd, St. Louis

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE St Ferdinand's DATE Jan 20th 1938

19. FUNERAL DIRECTOR Wagoner Undertaking Co (ADDRESS) 3621 Olive Street

20. FILED JAN 19 1938 J. E. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937, to January 19 1938, I last saw her alive on January 19 1938. Death is said to have occurred on the date stated above, at 1:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage — Rt. posterior cerebellar artery	Dec 10, 1937

Other contributory causes of importance:

Diabetes Mellitus	15 yrs
Chronic myocarditis	15 yrs

Name of operation Physical Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Wm S Bede M. D.

(Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

Dr Becke

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)